

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1	/		/			
2		/	/			
3		2		/		
4		1		/		
5		1		/		
6		1		/		
7	/		/			
8		/	/			
9		1	/			
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TOTAL IND.			4			
TOTAL DER.			10			
TOTAL CLAIMS			14			

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	IND.	DER.	IND.	DER.	IND.	DER.
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TOTAL IND.						
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TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS